



MITCHELL J. LANDRIEU
LIEUTENANT GOVERNOR

State of Louisiana
OFFICE OF THE LIEUTENANT GOVERNOR
DEPARTMENT OF CULTURE, RECREATION & TOURISM
MANAGEMENT AND FINANCE

ANGÈLE DAVIS
SECRETARY

JULIE A. SAMSON
UNDERSECRETARY

NAME/ADDRESS/EMERGENCY CONTACT FORM (Revised 11/05)

Note: Please check one of the following boxes. This form is used to collect information from the new hire as well as to serve as a Change Form for existing employees.

The Human Resources Office will send this notification to all benefits providers listed in the employee's payroll record at the time of receipt.

If a name change occurs because of marriage or divorce and other changes to benefits are desired (such as adding or deleting a spouse from insurance or change of beneficiary), additional benefits forms must be completed. Call the Human Resources Office for more information at (225) 342-0880.

NEW HIRE **CHANGE (existing employee)** **DATE OF CHANGE(S)** _____

NAME _____ **PERSONNEL#** _____
Print name as listed on Social Security Card

OFFICE OF _____ **WORK#** _____

NEW NAME _____
Print name as listed on Social Security Card (Attach a copy of new card)

HOME ADDRESS: (Is this a change? ___ Yes ___ No)
Previous Home Address:

New Home Address:

MAILING ADDRESS: (Is this a change? ___ Yes ___ No)
Previous Mailing Address:

New Mailing Address:

HOME PHONE NUMBER: _____

PARISH OF RESIDENCE: _____

In accordance with R.S. 44:11 would you like your home address and phone number regarded as confidential?

YES NO

EMERGENCY CONTACT: (Is this a change? ___ Yes ___ No)

Name and Relationship

Telephone#

SIGNATURE: _____

DATE: _____